

SECURITIES TRANSACTION REQUEST

Request Number
Assigned by Dept. of Insurance

☐ General Deposit (940/955) State
☐ Workers Compensation (11691)
☐ Other (Specify)

Check One Only: ☐ Initial Deposit ☐ Additional Deposit ☐ Withdrawal ☐ Substitution/Exchange

If new company, check here ☐

Company Name	
Mailing Address	
Contact Name	
Telephone & Fax #	
E-mail Address	
Tax I.D. #	
NAIC/CDI #	

If change, check here ☐

Bank Name	
Bank ABA # (9 digit)	
Bank Account #	
FFC# (If applicable)	
Mailing Address	
Contact Name	
Telephone & Fax #	
Email Address	

Agent Name	
Agent ABA # (9 digit)	
DTC/Broker Code	
FED Broker Code	
Mailing Address	
Contact Name	
Telephone & Fax #	
Email Address	

Description of Securities If depositing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)	Rating (Include Source)
LIST SECURITIES TO BE WITHDRAWN ON REVERSE					DEPOSIT GRAND TOTALS			
					\$0.00	\$0.00	\$0.00	

Securities Transaction Unit Hotline (916) 492-3412

Company Name	0
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BANK INFORMATION FOR PRINCIPAL PAYMENT (CASH)	
Bank Name	
Bank ABA # (9 digit)	
Bank Account #	
FFC # (if applicable)	
Mailing Address	
Contact Name	
Telephone & Fax #	
Email Address	

AGENT INFORMATION FOR SECURITY RELEASE			
Agent Name			
Agent ABA # (9 digit)			
Agent Account #		FFC # (if applicable)	
DTC Broker Code		FED Broker Code	
Mailing Address			
Contact Name			
Telephone & Fax #			
Email Address			

SECURITIES TO BE WITHDRAWN						
Description of Securities If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	Market Value As of: _____	Deposit Value (Lower of Par or Market)
WITHDRAWAL GRAND TOTALS				\$0.00	\$0.00	\$0.00

AUTHORIZATION	
COMPANY	DEPARTMENT OF INSURANCE
<p>MUST ALWAYS BE COMPLETED BY AUTHORIZED COMPANY OFFICER</p> <p>The statements contained herein are true and correct at _____ (city), State of _____ on the _____ day of _____, 20 ____</p> <p>NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE BEEN ISSUED BY ANY OF OUR AFFILIATED COMPANIES</p> <p>BY _____ Company Officer</p> <p>_____ Print Name and Title</p>	<p>REQUEST APPROVED</p> <p>FOR THE COMMISSIONER</p> <p>_____</p> <p>Deputy Commissioner</p> <p>_____</p> <p>Date</p>